

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 8)

Registration District No. 701
Primary Registration District No. St. Johns Hospital

File No. 34704
Registered No. 8866
St. Ward)

2. FULL NAME

(a) Residence, No. 1716 Lawrence St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cash-Dispatch
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME August C. Hehl

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Urien Fox, 6725 (ADDRESS) Clearmont, Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL Calvary PLACE DATE Oct. 14 1933

19. UNDERTAKER John H. Collins & Son (ADDRESS) 4728 Madison Ave.

20. FILED 10 1933 J. H. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1933 to Oct 11 1933
I last saw him alive on Oct 11 1933. Death is said to have occurred on the date stated above, at 1:55 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
97
Other contributory causes of importance:
Arteriosclerosis
9

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Dr. H. W. Welch M. D.
(Address) 630 No. Bldg.

